

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>X DORAJU</i></p>	
<p>1. Article Addressed to:</p> <p><i>Mrs. Olivia  Pike Co. Jail  120 W. Church St  Troy, AL 36081</i></p>		<p>B. Received by (Printed Name) C. Date of Delivery  <i>Debra Fuji 3-21-06</i></p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:  <i>proCorder &amp; cm  2:06cv208</i></p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Cost) <input type="checkbox"/> Yes</p>	
<p>7004 2510 0001 0150 3647</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	